

3/15/10

Dear Judge,

We have enclosed copies of Financial Impact statement worksheets for a family of five. The sixth person ,Monet Pitre, was not treated. Monet had her blood examined only. Max Shindler paid for all five people, who were treated. Enclosed is Max Shindler's credit card statement with highlighted areas.

We were told we were cured of Lyme Disease, but we are not. We would like out money back for further proper treatment.

Sincerely,

Max Shindler

Margaret Smith

Tawnya Smith

Chloe Lohmeyer

Jack Pitre

Monet Pitre

Max Shindler
Margaret S. Smith
Tawnya Smith
Chloe Lohmeyer
Jack Pitre
Monet Pitre

*Chloe Lohmeyer and Monet Pitre are minors.
Tawnya Smith is there mother.*

FINANCIAL IMPACT STATEMENT WORKSHEET

Please use this portion of the form to list any expenses you have had or paid as a result of this crime. Some of the sections may not apply to you. If possible, please attach copies of bills, receipts, estimates of value, replacement costs, or other evidence of the costs listed below. Please attach additional pages as necessary.

A. Crime Related Costs

1. List any personal belongings or personal property lost, destroyed or damaged as a result of this crime and the value. This would include damage to your home, business or other real estate. (Examples of losses are: loss or damage to personal belongings such as televisions, clothing, jewelry and automobiles. You also may wish to include expenses for installing deadbolts, repairing locks, and/or any crime scene cleanup.)

\$ _____

\$ _____

\$ _____

2. List any medical expenses incurred as a result of this crime. (You may wish to include expenses for doctors, medications, hospital stays, or occupational therapy, counseling, medical supplies, wheelchair rental, glasses, hearing aids, Traditional Native American Ceremonies.)

See attached credit card statement \$ *32,426.00*
enclosed highlighted areas only \$ _____

\$ _____

3. Please describe any future medical or counseling expenses your doctor or therapist anticipates and attach an estimate of their costs.

\$ _____

\$ _____

\$ _____

4. If you had funeral expenses, please list them.

\$ _____

\$ _____

\$ _____

5. Please list any other expenses you incurred. (You may wish to list items such as child care during court appearances, transportation costs for medical treatment or court appearances, installing new locks or security devices, fees incurred in changing banking or credit card accounts, moving expenses, etc.)

See attached credit card statement \$ 2,569.74
enclosed highlighted areas only \$ _____
 _____ \$ _____

6. If you lost wages or income because you were unable to work because of the crime, had doctor or therapy visits, or attended court, please indicate the total amount of money you lost in wages. (Where possible, please attach a letter from your employer verifying the amount of lost wages or income.)

Amount of lost wages or income \$ _____

TOTAL OF CRIME RELATED COSTS

\$ 34,995.74

B. Money you have received from other sources:

1. If you have already received or expect to receive any payments or benefits from the sources below, please indicate any amounts received, name of insurance company and claim number.

Property, Auto or Homeowners Insurance \$ _____

Name of Company _____ Claim Number _____

Address: _____ Phone Number _____

Medical Insurance \$ _____

Name of Company _____ Claim Number _____

Address: _____ Phone Number _____

Other (list source and amount and please use additional paper if necessary.)

\$ _____

2. Have you applied for Crime Victim Compensation Benefits? Yes ____ No ☒

If you received any compensation as a result of your claim, please list the amount.

\$ _____

Total Money Received from Insurance, Crime Victim Compensation and other sources

\$ _____

Please write any additional information you would like the judge to know about the money this crime has cost you.

Mac a. Shindler
SIGNATURE

3/15/10
DATE

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\$ _____

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Name of Company _____ Claim Number _____

Address: _____ Phone Number _____

Other (list source and amount and please use additional paper if necessary.)

\$ _____

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If you received any compensation as a result of your claim, please list the amount.

\$ _____

Total Money Received from Insurance, Crime Victim Compensation and other sources

\$ _____

Please write any additional information you would like the judge to know about the money this crime has cost you.

Margaret S. Smith
SIGNATURE

3/15/10
DATE

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~~*See attached credit card statement*~~ \$ _____
~~*enclosed highlighted areas only*~~ \$ _____
 \$ _____

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 \$ _____

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_____ \$ _____
 _____ \$ _____
 _____ \$ _____

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_____ \$ _____
 _____ \$ _____
 _____ \$ _____

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 _____ \$ _____

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Name of Company _____ Claim Number _____

Address: _____ Phone Number _____

Other (list source and amount and please use additional paper if necessary.)

\$ _____

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If you received any compensation as a result of your claim, please list the amount.

\$ _____

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\$ _____

Please write any additional information you would like the judge to know about the money this crime has cost you.

Tawnya Pitts
SIGNATURE

3/15/10
DATE

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_____ \$ _____
_____ \$ _____
_____ \$ _____

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enclosed highlighted areas only \$ _____
_____ \$ _____

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_____ \$ _____
_____ \$ _____
_____ \$ _____

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_____ \$ _____
_____ \$ _____
_____ \$ _____

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Name of Company _____ Claim Number _____

Address: _____ Phone Number _____

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If you received any compensation as a result of your claim, please list the amount.

\$ _____

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\$ _____

Please write any additional information you would like the judge to know about the money this crime has cost you.

Tawnya Pitre (mother of Chloe Lohmeyer)
 SIGNATURE 16 yrs old
currently

3/15/10
 DATE

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Name of Company _____ Claim Number _____

Address: _____ Phone Number _____

Medical Insurance \$ _____

Name of Company _____ Claim Number _____

Address: _____ Phone Number _____

Other (list source and amount and please use additional paper if necessary.)

\$ _____

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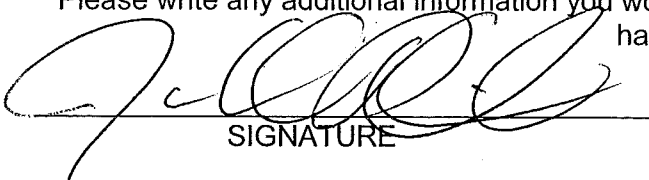
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\$ _____

Total Money Received from Insurance, Crime Victim Compensation and other sources

\$ _____

Please write any additional information you would like the judge to know about the money this crime has cost you.


SIGNATURE

3/15/10
DATE

smith barney

Smith Barney Reserved Client
Financial Management Account
2008 Year End Summary

Ref: 00000224 00001166

MAX A SHINDLER TTEE
Account Number 518-07822-10 048

FMA Card Activity - Summary 2008 - continued
Purchases

Month	Travel	Restaurants	Entertainment	Merchandise	Other	Total
August	\$2,013.96			\$1,353.09	\$27,964.55	\$38,508.54
September	158.81		1,348.00	174.14	1,680.36	3,361.11
October	819.88		148.69	348.07	131.90	1,348.24
November	3,586.91			474.12	5,202.80	9,263.63
December	83.16			690.52	98.34	872.02
Total	\$10,650.80	\$0.00	\$1,850.69	\$2,680.72	\$38,842.06	\$57,073.97

Note: Purchases are reported based on month the transaction detail appeared on your FMA monthly statement.

FMA Card Purchase Activity - Detail Report

TRAVEL

Purchase Date	Month Reported	Description	Charge/Credit	Bus/Pers
06/30/08	JUNE	SOUTHWEST 2307908962	\$406.50	
06/30/08	JUNE	SOUTHWEST 2307908961	\$406.50	
09/23/08	OCTOBER	SOUTHWEST 2307908983	\$292.50	
09/23/08	OCTOBER	SOUTHWEST 2307908984	\$292.50	
Sub total			\$1,398.00	
Purchase Date	Month Reported	Description	Charge/Credit	Bus/Pers
03/05/08	MARCH	PARK PLAZA NORTH	\$357.02	
06/02/08	AUGUST	DAYS INN CASA GRANDE	61.33	
06/08/08	AUGUST	HOLIDAY INNS EXPRESS	117.67	
08/13/08	AUGUST	TOWNEPLACE SUITES LAS	1,247.20	
08/14/08	AUGUST	COMFORT INN CASA GRAND	84.25	
08/14/08	AUGUST	COMFORT INN CASA GRAND	84.25	
11/01/08	NOVEMBER	HOLIDAY INN EXPRESS	91.05	
11/02/08	NOVEMBER	TOWNEPLACE SUITES LAS	189.57	
11/03/08	NOVEMBER	MOTEL 6 TELS HORLAS CR	272.32	

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Ref: 00000224 00001167

smith barney

Smith Barney Reserved Client
Financial Management Account
2008 Year End Summary

MAX A SHINDLER TTEE
Account Number 518-07022-10 048

FMA Card Purchase Activity - Detail Report - Continued

TRAVEL

Purchase Date	Month Reported	Description	Charge(Credit)	Bus/Pers
10/08/08	NOVEMBER	BEST WESTERN HOTELS	\$141.45	11111
Sub total			\$12,628.11	
Purchase Date	Month Reported	Description	Charge(Credit)	Bus/Pers
01/14/08	JANUARY	CHEVRON 0207103	\$41.09	11111
01/23/08	FEBRUARY	CHEVRON 0207103	146.50	11111
02/01/08	FEBRUARY	SHELL OIL 57427268305	18.13	11111
02/15/08	FEBRUARY	SHELL OIL 57427268305	50.28	11111
02/26/08	MARCH	CHEVRON 0207103	39.36	11111
03/02/08	MARCH	SHELL OIL 50293810036	50.25	11111
03/07/08	MARCH	CHEVRON 0207103	56.76	11111
03/19/08	MARCH	CHEVRON 0207103	46.01	11111
04/07/08	APRIL	SHELL OIL 57427268305	52.00	11111
04/15/08	APRIL	SPEEDEE MART #1081054	56.66	11111
04/24/08	MAY	CHEVRON 0207103	60.24	11111
05/05/08	MAY	CHEVRON 0207112	63.88	11111
05/17/08	MAY	CHEVRON 0207103	63.55	11111
06/02/08	JUNE	CHEVRON 0207103	39.63	11111
06/03/08	JUNE	CHEVRON 0209894	20.01	11111
06/27/08	JULY	SHELL OIL 57427268305	62.94	11111
07/09/08	AUGUST	CHEVRON 0207103	51.83	11111
07/20/08	AUGUST	CHEVRON 0207103	49.43	11111
07/30/08	AUGUST	CHEVRON 0207103	52.30	11111
08/01/08	AUGUST	SHELL OIL 57427268305	46.76	11111
08/02/08	AUGUST	CHEVRON 0213144	26.61	11111
08/03/08	AUGUST	SHELL OIL 50207030037	41.35	11111
08/08/08	AUGUST	SHELL OIL 53047880322	37.96	11111
08/09/08	AUGUST	ALTSUPS 341 00280389	17.57	11111
08/12/08	AUGUST	CHEVRON 0076200	30.27	11111
		SHELL OIL 53047880322	13.64	11111
		LAS CRUCES		

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Ref: 00000224 00001168

smith barney

Smith Barney Reserved Client Financial Management Account 2008 Year End Summary

Page 8 of 12

MAX A SHINDLER TTEE

Account Number 518-07822-10 048

FMA Card Purchase Activity - Detail Report - Continued

TRAVEL

Auto/Services	Purchase Date	Month Reported	Description	Charge (Credit)	Bus/Pers
	08/13/08	AUGUST	PICACHO FOOD & GAS MAR	\$43.92	[] [] []
	08/14/08	AUGUST	WOODY'S #138 006	30.54	[] [] []
	08/18/08	AUGUST	CHEVRON 0207103	28.91	[] [] []
	08/26/08	SEPTEMBER	CHEVRON 0207103	38.57	[] [] []
	09/05/08	SEPTEMBER	CHEVRON 0207103	50.62	[] [] []
	09/15/08	SEPTEMBER	SHELL OIL 62427288305	65.01	[] [] []
	09/15/08	SEPTEMBER	SHELL OIL 62427288305	4.41	[] [] []
	10/02/08	OCTOBER	CHEVRON 0207103	53.36	[] [] []
	10/11/08	OCTOBER	SHELL OIL 62427288305	48.11	[] [] []
	10/16/08	OCTOBER	CHEVRON 0207103	79.56	[] [] []
	10/25/08	OCTOBER	CHEVRON 0207103	53.86	[] [] []
	11/01/08	NOVEMBER	CHEVRON 0301277	17.86	[] [] []
	11/01/08	NOVEMBER	SHELL OIL 6054720549	18.53	[] [] []
	11/02/08	NOVEMBER	CHEVRON 0209383	24.23	[] [] []
	11/08/08	NOVEMBER	SHELL OIL 6304780322	16.08	[] [] []
	11/11/08	NOVEMBER	AZ CAR WASH #1	24.35	[] [] []
	11/12/08	NOVEMBER	SHELL OIL 62427288305	42.51	[] [] []
	11/27/08	DECEMBER	CHEVRON 0207103	26.11	[] [] []
	12/08/08	DECEMBER	CHEVRON 0207103	32.02	[] [] []
	12/17/08	DECEMBER	CHEVRON 0207103	27.39	[] [] []
			CHEVRON 0207103	23.75	[] [] []
	Sub total			\$1,884.45	
Other	Purchase Date	Month Reported	Description	Charge (Credit)	Bus/Pers
	01/08/08	JANUARY	SAPPHIRE PRINCESS	\$1,938.84	[] [] []
	11/14/08	NOVEMBER	PRINCESS CRUISES PASSA	1,668.76	[] [] []
	11/14/08	NOVEMBER	CARNIVAL CRUISE TKT/RE	1,074.34	[] [] []
				\$4,681.94	
	TRAVEL TOTAL			\$10,590.50	

smith barney

Ref: 00000224 00001172

Smith Barney Reserved Client Financial Management Account 2008 Year End Summary

Page 12 of 14

MAXA SHINDLER TTEE

Account Number : 519-07822-10 048

FMA Card Purchase Activity - Detail Report - Continued

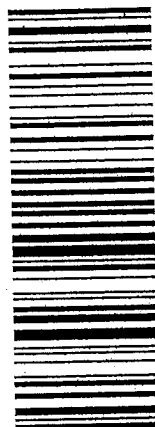
OTHER

Services	Purchase Date	Month Reported	Description	Charge (Credit)	Bus/Pers
	06/30/08	JULY	COX LAS VEGAS COMM SV	702-383-4000	
	07/08/08	JULY	LUBRITZ & NASRI, LLP	250.00	
	07/21/08	AUGUST	PROTECTION ONE/ALARM #	39.95	
	07/21/08	AUGUST	DR WOLF GANG HAESE MD	5,509.00	
	07/29/08	AUGUST	COX LAS VEGAS COMM SV	702-383-4000	
	08/04/08	AUGUST	DR WOLF GANG HAESE MD	22,000.00	
	08/19/08	AUGUST	PROTECTION ONE/ALARM #	39.95	
	08/20/08	AUGUST	DENTAL ARTISTRY	293.00	
	08/26/08	SEPTEMBER	DENTAL ARTISTRY	890.00	
	08/30/08	SEPTEMBER	COX LAS VEGAS COMM SV	702-383-4000	
	09/04/08	SEPTEMBER	DENTAL ARTISTRY	588.00	
	09/09/08	SEPTEMBER	SHEPHERD EYE CENTER	170.75	
	09/19/08	SEPTEMBER	PROTECTION ONE/ALARM #	39.95	
	09/29/08	OCTOBER	COX LAS VEGAS COMM SV	702-383-4000	
	10/20/08	OCTOBER	PROTECTION ONE/ALARM #	39.95	
	10/30/08	NOVEMBER	COX LAS VEGAS COMM SV	702-383-4000	
	11/03/08	NOVEMBER	THE HAESE CLINIC	4,926.00	
	11/19/08	NOVEMBER	PROTECTION ONE/ALARM #	39.95	
	11/19/08	NOVEMBER	GOASLIND TRYLOVICH PER	145.00	
	11/26/08	DECEMBER	SHEPHERD EYE CENTER	(33.25)	
	11/30/08	DECEMBER	COX LAS VEGAS COMM SV	702-383-4000	
	12/19/08	DECEMBER	PROTECTION ONE/ALARM #	39.95	
	Sub Total			\$ 36,942.08	
OTHER TOTAL				\$ 36,942.08	

2008 YEAR END SUMMARY

Handwritten:
Cundaneo St.
Pegao, NV 89134

CERTIFIED MAIL™



7009 3410 0000 6061 1387

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 16280 WASHINGTON DC

POSTAGE WILL BE PAID BY U.S. DEPARTMENT OF JUSTICE

**UNITED STATES ATTORNEYS OFFICE
DISTRICT OF NEW MEXICO
555 S TELSHOR STE 300
LAS CRUCES NM 88011**

Attention: Jacque Gutierrez



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IF MAILED
IN THE
UNITED STATES



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